Chemoprevention

Hormone Replacement Therapy

U.S. Preventive Services Task Force
Update, 2002 Release

http://www.ahrq.gov/clinic/uspstf/uspspmho.htm

Summary of Recommendations

- **The U.S. Preventive Services Task Force (USPSTF) recommends against the routine use of estrogen and progestin for the prevention of chronic conditions in postmenopausal women.** **D recommendation**.
  Rationale: The USPSTF found fair to good evidence that the combination of estrogen and progestin has both benefits and harms. Benefits include increased bone mineral density (good evidence), reduced risk for fracture (fair to good evidence), and reduced risk for colorectal cancer (fair evidence). Harms include increased risk for breast cancer (good evidence), venous thromboembolism (good evidence), coronary heart disease (CHD) (fair to good evidence), stroke (fair evidence), and cholecystitis (fair evidence). Evidence was insufficient to assess the effects of HRT on other important outcomes, such as dementia and cognitive function, ovarian cancer, mortality from breast cancer or cardiovascular disease, or all-cause mortality.

  The USPSTF concluded that the harmful effects of estrogen and progestin are likely to exceed the chronic disease prevention benefits in most women. The USPSTF did not evaluate the use of HRT to treat symptoms of menopause, such as vasomotor symptoms (hot flashes) or urogenital symptoms. The balance of benefits and harms for an individual woman will be influenced by her personal preferences, individual risks for specific chronic diseases, and the presence of menopausal symptoms.

- **The USPSTF concludes that the evidence is insufficient to recommend for or against the use of unopposed estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy.** **I recommendation**.
  Rationale: The USPSTF found fair-to-good evidence that the use of unopposed estrogen has both benefits and harms. Although most current data come from observational studies, likely benefits include increased bone mineral density, reduced fracture risk, and reduced risk for colorectal cancer. Likely harms include increased risk for venous thromboembolism, cholecystitis, and stroke; in women who have not had a hysterectomy, unopposed estrogen increases the risk for endometrial cancer. Evidence is insufficient to determine the effects of unopposed estrogen on the risk for breast and ovarian cancer, CHD, dementia and cognitive function, or mortality. As a result, the USPSTF could not determine whether the benefits of unopposed estrogen outweigh the harms for women who have had a hysterectomy.

  Better data on benefits and harms are expected from ongoing randomized trials, including the Women's Health Initiative (WHI) study of unopposed estrogen in women who have had a hysterectomy.[3]